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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/051,443	04/10/1998	CARIN WIDERSTROM	06275/124001	8003
26161 7590 04/07/2008 FISH & RICHARDSON PC P.O. BOX 1022			EXAMINER	
			YU, JUSTINE ROMANG	
MINNEAPOLIS, MN 55440-1022			ART UNIT	PAPER NUMBER
			3771	
			MAIL DATE	DELIVERY MODE
			04/07/2008	PAPER

# Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



#### UNITED STATES PATENT AND TRADEMARK OFFICE

### Board of Patent Appeals and Interferences

2007-4164 Appeal No: FISH & RICHARDSON PC.

P.O. BOX 1022

MINNEAPOLIS, MN 55440-1022

Appellant: CARIN WIDERSTROM

Application No: 09/051.443

Hearing Room: Α Hearing Docket: В

Hearing Date: Thursday, May 15, 2008

Hearing Time: 01:00 PM Location: Madison Building - East Wing

> 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

## NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REOUIRED. This form must be completed below and facsimile transmitted to both; (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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P.O. BOX 1450

ALEXANDRIA VIRGINIA 22313-1450

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant Date Registration No.

Names of other visitors expected to accompany counsel:

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